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7590 05/24/2005

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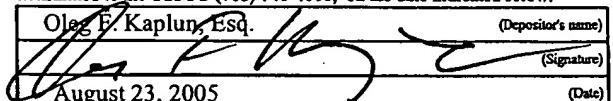
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Oleg F. Kaplun, Esq. (Depositor's name)  
  
 August 23, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,459	08/14/2003	David M. Rapoport	50124/01301	2146

TITLE OF INVENTION: POSITIVE AIRWAY PRESSURE SYSTEM AND METHOD FOR TREATMENT OF SLEEPING DISORDER IN PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NATNITHITHADHA, NAVIN	3736	600-538000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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- 1 FAY KAPLUN & MARCIN, LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEW YORK UNIVERSITY

NEW YORK, NY

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee  
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date August 23, 2005

Typed or printed name Oleg F. Kaplun, Esq.

Registration No. 45,559

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